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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005339 (4)**

1. Corporation Name

DEMETREE FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O ELISA A. DEMETREE
3740 BEACH BLVD SUITE 300
JACKSONVILLE FL 32207**

**C/O ELISA A. DEMETREE
3740 BEACH BLVD SUITE 300
JACKSONVILLE FL 32207-3883**

3. Date Incorporated or Qualified
10/14/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3407379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMETREE, ELISA A
3740 BEACH BLVD SUITE 300
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DEMETREE, JACK C**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEMETREE, BETTY A**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEMETREE, MARK C**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEMETREE, JACK C JR**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEMETREE, ELISA A**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DOHERTY, LESLIE D**
STREET ADDRESS **3740 BEACH BLVD SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

ELISA A. DEMETREE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-97

904-398-7350
Daytime Phone #0004902

CP2E037 (9/96)